

**DEPARTMENT OF PUBLIC HEALTH
AND HUMAN SERVICES**

CHAPTER 37

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Subchapter 1

Therapeutic Youth Group Homes

37. 37. 101 THERAPEUTIC YOUTH GROUP HOMES, DEFINITIONS

(1) "Therapeutic youth group home" is a youth care facility licensed by and under contract with the department as a therapeutic youth group home, in which staff who are trained to provide services to emotionally disturbed youth in a therapeutic environment, perform assessments, develop and implement planned treatment interventions designed to address a youth's therapeutic needs in accordance with an individualized written treatment plan, and provide group, individual and family therapy. Providers of moderate, campus based and intensive therapeutic youth group home services must directly employ or contract for services of clinicians, program managers, child care staff, relief staff, and administrative staff.

(2) "Basic level" means the supervision and intensity of treatment classified under ARM 37.50.315 as supervision matrix level VI.

(3) "Moderate level" means the supervision and intensity of treatment required in a therapeutic youth group home as specified in ARM 37.37.108 to manage and treat children who present emotional and/or behavioral disorders as determined by the department. Therapeutic interventions such as individual and group therapy are provided several times per week. In addition to the treatment, the children are provided with 24 hour awake staff supervision.

(4) "Campus based" means the supervision and intensity of treatment required in a therapeutic youth group home as specified in ARM 37.37.111 to manage and treat children who present severe emotional and/or behavioral disorders as determined by the department. Treatment, therapeutic interventions and supervision are tailored to the age and diagnosis of the children served. Therapeutic interventions are individualized and are provided several times per day. Campus based level care is provided on a campus where treatment is provided throughout the milieu. In addition to treatment, the children are provided with 24 hour awake staff supervision.

(5) "Intensive level" means the supervision and intensity of treatment required in a therapeutic youth group home as specified in ARM 37.37.115 to manage and treat children who present severe emotional and/or behavioral disorders as determined by the department. Treatment, therapeutic interventions and supervision are tailored to the age and diagnosis of the children served. Therapeutic group and individual interventions are provided several times per day. In addition, specialized behavior management techniques are incorporated into the treatment and supervision of children requiring intensive level services. The children are provided with 24 hour awake supervision.

(6) "Lead clinical staff (LCS)" is an employee of, or under contract with, the moderate, campus based or intensive level therapeutic youth group home provider who is responsible for the supervision and overall provision of treatment services to children in the group home(s). The LCS must be a clinical psychologist, master level social worker (MSW), licensed professional counselor (LPC), or have a masters degree in a human services field with a minimum of one year of clinical experience.

(7) "Program manager" is an employee of the moderate, campus based or intensive level therapeutic youth group home provider who trains and supervises child care staff, and provides treatment under the clinical supervision of the LCS. Program managers must have a bachelor's degree in a human services field, or the experience or experience and education, equivalent to a bachelor's degree. Human services experience equivalent to a bachelor's degree for a non-degree program manager is 6 years. Each year of post-secondary education in human services for a non-degree program manager equals one year of experience. (History: Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; IMP, Sec. 41-3-1102, 41-3-1142 and 52-2-111, MCA; NEW, 1995 MAR p. 472, Eff. 3/31/95; AMD, 1995 MAR p. 1119, Eff. 6/30/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 02 through 04 reserved

37. 37. 105 THERAPEUTIC YOUTH GROUP HOME, APPLICABILITY AND PARTICIPATION (1) ARM Title 37, chapter 37, subchapter 1 applies to services that the department, in its discretion, elects to provide to a youth through a contract between the provider and the department outside the Montana medicaid program provided under ARM Title 46, chapter 12 or the mental health services plan provided under ARM Title 46, chapter 20. This subchapter does not entitle a youth to any of the services described in this subchapter.

(2) Participation of therapeutic family care agencies and treatment families in the department's program for therapeutic family care depends on compliance with applicable licensing and program requirements. Participation is limited to agencies and families with which the department, in its discretion, has entered into a written contract. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122, 41-3-1105 and 52-1-103, MCA; NEW, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037; AMD, 1999 MAR p. 1301, Eff. 7/1/99.)

Rules 06 and 07 reserved

37. 37. 108 THERAPEUTIC YOUTH GROUP HOMES. STAFFING OF MODERATE LEVEL HOMES (1) Moderate level therapeutic youth group homes are subject to the staffing/treatment requirements of this rule in addition to the applicable staffing requirements of ARM 37. 97. 524.

(2) Moderate level therapeutic youth group home providers must meet additional minimum staffing requirements to provide a therapeutic environment and treatment interventions identified in the child's individual treatment plan. For the purpose of licensing:

(a) Child to staff ratio must be no more than 4:1 each day for a 15-hour period beginning at, or between, 7 a.m. and 7:30 a.m., (or beginning at or between some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the children), when children are in care.

(b) Child to awake staff ratio must be no more than 8:1 each night for a nine-hour period beginning no earlier than 15 hours from the time daytime staffing of 4:1 is initiated.

(c) Each program manager shall be responsible for no more than eight children.

(d) Each LCS shall be responsible for no more than 16 children.

(e) There must be adequate staff to allow the LCS or the program manager who is providing services under the supervision of a master's or higher level clinician, to implement individualized treatment plans developed by the treatment team. Documentation of individual, group and family therapy must be completed for each session and be included in quarterly treatment summaries. Treatment plans shall include, but are not limited to:

(i) specific treatment plan objectives and interventions which are carried out in the treatment environment and documented by daily charting;

(ii) two group treatment sessions per child;

(iii) one individual treatment session per child;

(iv) one treatment team meeting; and

(v) family therapy when appropriate and medically necessary.

(History: Sec. 41-3-1103, 41-3-1142 and 52-2-111, 52-2-602, 52-2-603, 52-2-622 and 53-4-212, MCA; IMP, Sec. 41-3-1103, 41-3-1142, 52-2-111, 52-2-602, 52-2-603, 52-2-622 and 53-2-201, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; TRANS, from DFS, 1998 MAR p. 2037; AMD, 2003 MAR p. 979, Eff. 5/9/03.)

Rules 09 and 10 reserved

37. 37. 111 THERAPEUTIC YOUTH GROUP HOMES, STAFFING OF CAMPUS BASED LEVEL HOMES (1) Campus based level therapeutic youth group homes are subject to the staffing/treatment requirements of this rule in addition to the applicable staffing requirements of ARM 37. 97. 524.

(2) Campus based level therapeutic youth group home providers must meet additional minimum staffing requirements to provide a therapeutic environment and treatment interventions identified in the child's individual treatment plan. For the purpose of licensing:

(a) Child to staff ratio must be no more than 4:1 each day for a 15-hour period beginning at, or between 7 a. m. and 7:30 a. m. , (or beginning at or between some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the children), when children are in care.

(b) Child to awake staff ratio must be no more than 8:1 each night for a nine-hour period beginning no earlier than 15 hours from the time daytime staffing of 4:1 is initiated.

(c) Each program manager shall be responsible for no more than four children.

(d) Each LCS shall be responsible for no more than eight children.

(e) There must be adequate staff to allow the LCS, the program manager or professional support staff who provide services under the supervision of a master's or higher level clinician to implement individualized treatment plans developed by the treatment team. Documentation of individual, group and family therapy must be completed for each session and be included in quarterly treatment summaries. Treatment plans shall include, but are not limited to:

(i) specific treatment plan objectives and interventions which are carried out in the treatment environment and documented by daily charting;

(ii) one age-appropriate individual therapy session per week;

(iii) two age-appropriate group therapy sessions per week;

(iv) family therapy sessions when appropriate and medically necessary; and

(v) one treatment team meeting.

(f) Each campus based level therapeutic youth group home shall either employ or contract for a .25 full-time social worker for each eight children in care. The social worker shall meet the minimum qualifications of a bachelor's degree and two years of related experience. Under this subsection, .25 full-time social worker means a social worker working a minimum of 10 hours per week.

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(g) Each campus based therapeutic youth group home shall either employ or contract for a .25 full-time clinical director for each eight children in care. The clinical director shall be licensed by the Montana board of psychologists. Under this subsection, .25 full-time clinical director means a clinical director working a minimum of 10 hours per week.

(h) Each campus based level therapeutic youth group home shall either employ or contract for a .25 full-time director of operations for each eight children in care. The director of operations position is a master's level position. Under this subsection, .25 full-time director of operations means a director of operations working a minimum of 10 hours per week.

(i) Each campus based level therapeutic youth group home shall either employ or contract for a .20 full-time registered nurse for each eight children in care. The registered nurse shall be licensed by the Montana board of nursing. Under this subsection, .20 full-time registered nurse means a registered nurse working a minimum of eight hours per week. (History: Sec. 41-3-1103, 41-3-1142, 52-2-111, 52-2-602, 52-2-603, 52-2-622, and 53-4-212, MCA; IMP, Sec. 41-3-1103, 41-3-1142, 52-2-111, 52-2-602, 52-2-603, 52-2-622 and 53-2-201, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; TRANS, from DFS, 1998 MAR p. 2037; AMD, 2003 MAR p. 979, Eff. 5/9/03.)

Rules 12 through 14 reserved

37.37.115 THERAPEUTIC YOUTH GROUP HOMES, STAFFING OF INTENSIVE LEVEL HOMES (1) Intensive level therapeutic youth group homes are subject to the staffing/treatment requirements of this rule in addition to the applicable staffing requirements of ARM 37.97.524.

(2) Intensive level therapeutic youth group home providers must meet additional minimum staffing requirements to provide a therapeutic environment and treatment interventions identified in the child's individual treatment plan. For the purpose of licensing:

(a) An intensive group home with four or fewer children must have a child to staff ratio of no more than 2:1 each day for a 15-hour period beginning at, or between 7 a.m. and 7:30 a.m., (or beginning at or between some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the children), when children are in care. Child to awake staff ratio must be no more than 4:1 each night for a nine-hour period beginning no earlier than 15 hours from the time that daytime staffing is initiated, when children are in care.

(b) An intensive group home with five or six children must have a child to staff ratio of no more than 3:1 each day for a 15-hour period beginning at, or between, 7 a.m. and 7:30 a.m., (or beginning at or between some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the children), when children are in care. Child to awake staff ratio must be no more than 6:1 each night for a nine-hour period beginning no earlier than 15 hours from the time that daytime staffing is initiated, when children are in care.

(c) An intensive group home with seven or eight children must have a child to staff ratio of no more than 8:3 each day for a 15-hour period beginning at, or between 7 a.m. and 7:30 a.m., (or beginning at or between some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the children), when children are in care. Child to awake staff ratio must be no more than 8:1.5 each night for a nine-hour period beginning no earlier than 15 hours from the time that daytime staffing is initiated, when children are in care.

(d) Each intensive therapeutic youth group home shall have one or more program managers with responsibility as follows:

(i) in a four to six bed facility, one full-time program manager for up to six children in care. Under this subsection, a full-time program manager means a program manager working a minimum of 40 hours per week; and

(ii) in a seven or eight bed facility, 1.5 full-time program managers for up to eight children in care. Under this subsection, 1.5 full-time program managers means program managers working a combined minimum of 60 hours per week.

(e) Each LCS shall be responsible for no more than 12 children.

(f) There must be adequate staff to allow the LCS, the program manager or professional support staff who provide services under the supervision of a master's or higher level clinician to implement individualized treatment plans developed by the treatment team. Documentation of individual, group and family therapy must be completed for each session and be included in quarterly treatment summaries. Treatment plans shall include, but are not limited to:

(i) specific treatment plan objectives and interventions which are carried out in the treatment environment and documented by daily charting;

(ii) three group treatment sessions per child;

(iii) two individual treatment sessions per child;

(iv) two treatment team meetings; and

(v) family therapy when appropriate and medically necessary.

(History: Sec. 41-3-1103, 41-3-1142, 52-2-111, 52-2-602, 52-2-603, 52-2-622 and 53-4-212, MCA; IMP, Sec. 41-3-1103, 41-3-1142, 52-2-111, 52-2-602, 52-2-603, 52-2-622 and 53-2-201, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; TRANS, from DFS, 1998 MAR p. 2037; AMD, 2003 MAR p. 979, Eff. 5/9/03.)

Rules 16 through 19 reserved

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37. 37. 120

37. 37. 120 THERAPEUTIC YOUTH GROUP HOMES, MEDICAL NECESSITY, ADDITIONAL TRAINING REQUIREMENTS (1) In addition to the 4 hours of orientation referenced in ARM 37. 97. 524(4), child care staff in a moderate, campus based or intensive level therapeutic youth group home must receive 15 hours of initial training, and each year must complete 15 hours of additional in-service training in an area directly related to their duties. Initial and additional training must include the use of physical and non-physical methods of controlling children and adolescents to assure protection and safety of the client and staff. (History: Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 21 through 29 reserved

37. 37. 130 THERAPEUTIC YOUTH GROUP HOMES, MEDICAL NECESSITY, WELL-CHILD SCREENING AND CHEMOTHERAPY (1) Each therapeutic youth group home provider must assure, and provide appropriate documentation that:

(a) all children receiving treatment in the therapeutic youth group home receive a well-child screening on an annual basis; and

(b) all children receiving chemotherapy are seen by a licensed medical doctor at least quarterly or more often as required by the accepted protocol for the prescribed chemotherapy.

(History: Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 31 through 35 reserved

37. 37. 136 THERAPEUTIC YOUTH GROUP HOMES, MEDICAL NECESSITY, ADDITIONAL CASE RECORDS (1) The case record of each child receiving moderate, campus based or intensive level therapeutic youth group home services must contain the documentation required by this rule in addition to the documentation required by ARM 37. 97. 524:

- (a) referral form/authorization for services;
- (b) individual treatment plan, signed by the LCS, which documents the child's response to treatment (progress or lack of progress), and the staff's interaction and involvement with the client; and
- (c) weekly clinical progress notes, reviewed and signed by the LCS, which summarize the child's program participation and psychosocial/behavioral status and functioning. (History: Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1142 and 52-2-111, MCA; NEW, 1994 MAR p. 2739, Eff. 10/14/94; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

Subchapter 2 reserved

Subchapter 3

Therapeutic Family Care

37. 37. 301 THERAPEUTIC FAMILY CARE, DEFINITIONS

(1) "Active treatment" means an individualized plan of therapeutic interventions provided by or under the direction and supervision of a treatment supervisor directed at specific symptoms and/or behaviors, and which is designed to achieve discharge of the youth at the earliest possible time.

(2) "Youth" means a person under the age of 21 years.

(3) "Clinical experience" means experience in the direct provision of therapeutic interventions including the development of treatment plans under the direct supervision of a licensed clinical professional.

(4) "Department" means the department of public health and human services.

(5) "Full-time equivalent" (FTE) means the staff person is employed or contracted for 40 hours per week of services in connection with provision of therapeutic family care.

(6) "Intensive level" means the supervision and intensity of treatment required in a therapeutic family as specified in this subchapter to manage and treat youths who present severe emotional and/or behavioral disorders as determined by the department in accordance with ARM 37. 37. 310. This level of therapeutic family care must be reapproved by the department every 90 days. An individual treatment plan, developed according to the youth's age, diagnosis and behaviors, determines treatment needs. This level requires:

(a) the services of a mental health assistant who receives routine guidance from the treatment parents; and

(b) specialized support services.

(7) "Licensed clinical professional" means a Montana-licensed medical doctor, clinical psychologist, masters level social worker (MSW), or professional counselor.

(8) "Mental health assistant" means a person who is an employee of, or under contract with, the therapeutic family care agency, who provides support services under the supervision of the treatment supervisor or the treatment manager, to a youth certified to receive therapeutic family care, at the intensive level. A mental health assistant must be a high school graduate with at least 2 years of experience working with emotionally disturbed youth or developmentally disabled youth or providing direct services in a human services field or be a high school graduate with a combination of education and experience equivalent to 2 years experience. Each year of post-secondary education in a human services field equals 1 year of experience.

(9) "Moderate level" means the supervision and intensity of treatment required in a therapeutic family as specified in this subchapter to manage and treat youths who present severe emotional and/or behavioral disorders as determined by the department in accordance with ARM 37.37.310. An individual treatment plan, developed according to the youth's age, diagnosis and behaviors, determines treatment needs. Specialized behavior management techniques are required for some youth at this level of therapeutic family care.

(10) "Therapeutic family care" means out-of-home care and medical treatment provided to emotionally disturbed youth by a treatment family or treatment parent(s) in the therapeutic family setting. Therapeutic families are recruited, recommended by the therapeutic family care agency for licensure by the department and trained by the therapeutic family care agency.

(11) "Therapeutic family care agency" means an agency licensed by the department as a child placing agency and under contract with the department to provide supervision, training, recruitment, and recommendation for licensure pursuant to ARM 37.93.716, of therapeutic families, and direct treatment services for youths placed with therapeutic families. Therapeutic family care agencies must employ or contract for treatment supervisors, treatment managers, mental health assistants and administrative staff.

(12) "Treatment manager" means a person who is an employee of, or under contract with, the therapeutic family care agency. The treatment manager, under the supervision of the treatment supervisor, develops individual treatment plans, provides therapeutic interventions to youths receiving therapeutic family care, and provides supervision and professional guidance to the treatment parents. A treatment manager must have a bachelor's degree in a human services field, or the experience or education, equivalent to a bachelor's degree. Human services experience equivalent to a bachelor's degree for a non-degree program manager is 6 years. Each year of post-secondary education in human services for a non-degree program manager equals 1 year of experience.

(13) "Treatment parent(s)" or "treatment family(ies)" means an adult or adults responsible for the day-to-day care and supervision of youth placed in the home of the treatment parent(s) or treatment family(ies). Treatment parents or treatment families provide specific treatment interventions as determined by the youth's individual treatment plan. The treatment manager, under the supervision of the treatment supervisor, supervises all treatment interventions provided in therapeutic family care. On the intensive level of therapeutic family care, treatment parent(s) provide routine guidance to the mental health assistant.

(14) "Treatment supervisor" means a person who is an employee of, or under contract with, the therapeutic family care agency who is responsible for the supervision and overall provision of treatment services to youths in therapeutic family care. The treatment supervisor must be a clinical psychologist, masters level social worker, licensed professional counselor, or have a master's degree in a human services field with a minimum of 1 year of clinical experience. A treatment supervisor must spend as much time as necessary with subordinate staff, treatment parents, and youths receiving therapeutic family care to assure that services are provided in an appropriate, safe and effective manner.

(15) "Treatment team" means those individuals identified as responsible for, or having a direct interest in, the treatment services provided to a specific youth. A treatment team must be composed of the professionals providing direct treatment services, the treatment family(ies), and the placing professionals. When necessary and appropriate, the treatment team may also include the youth receiving the therapeutic services, the parent(s) or legal guardian(s) of the youth, siblings of the youth, representatives of the local schools, tribal representatives or other individuals significant to the youth. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1105 and 41-3-1122, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

Rule 02 reserved

37. 37. 303 THERAPEUTIC FAMILY CARE, COMPLIANCE WITH APPLICABLE REQUIREMENTS (1) Title 37, chapter 37, subchapter 3 applies to services that the department, in its discretion, elects to provide to a youth through a contract between the provider and the department outside the Montana medicaid program provided under ARM Title 46, chapter 12 or the mental health services plan provided under ARM Title 46, chapter 20. This subchapter does not entitle a youth to any of the services described in this subchapter.

(2) Participation of therapeutic family care agencies and treatment families in the department's program for therapeutic family care depends on compliance with applicable licensing and program requirements. Participation is limited to agencies and families with which the department, in its discretion, has entered into a written contract. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122, 41-3-1105 and 52-1-103, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037; AMD, 1999 MAR p. 1301, Eff. 7/1/99.)

Rules 04 through 09 reserved

37. 37. 310 THERAPEUTIC FAMILY CARE, LEVELS OF SERVICE

(1) Therapeutic family care is provided on two levels, intensive and moderate, as determined by the severity of emotional disturbance of the youth receiving therapeutic family care and the degree of clinical supervision and the frequency of treatment interventions and support services provided to the treatment family and/or the youth receiving therapeutic family care.

(2) Therapeutic family care agencies will limit the numbers of youth receiving therapeutic family care in any treatment family to a maximum of two. Of these two youths, two may be moderate level or one intensive level youth may be served in the treatment family along with one moderate level youth. However, no treatment family may provide services for two intensive level youths.

(3) Youths not approved by the department for therapeutic family care may be placed with certified youths in a treatment family when:

(a) this service is necessary to maintain an intact sibling group;

(b) this service is necessary to maintain a parent/child relationship when the parent is a youth who has been approved by the department for therapeutic family care; or

(c) disruption of the foster care services would place the youth at risk of medical treatment in a more restrictive environment.

(4) At the moderate and intensive level of therapeutic family care, there must be sufficient administrative staff to allow the treatment supervisor or the treatment manager under the supervision of the treatment supervisor to:

(a) develop, implement and revise each youth's individual treatment plan;

(b) develop written quarterly treatment summaries and develop and implement revisions/modifications to the youth's individual treatment plan as necessary;

(c) conduct weekly visits to each treatment family for the purpose of reviewing the youth's individual treatment plan, monitoring the youth's progress and discussing the treatment interventions provided by the treatment parents;

(d) provide twice monthly individual treatment sessions based on the individual treatment plan to each youth supervised by the treatment manager; and

(e) conduct treatment team meetings within 30 days of admission and at least every 90 days thereafter.

(5) Intensive level therapeutic family care provides the service of a mental health assistant 10 hours per week. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

37. 37. 311 THERAPEUTIC FAMILY CARE, STAFF

(1) Therapeutic family care agencies employ or contract with treatment supervisors, treatment managers and mental health assistants.

(2) A FTE treatment supervisor is responsible for not more than 5 FTE treatment managers.

(3) The treatment supervisor:

(a) is responsible for the overall provision of therapeutic services for youths approved by the department to receive therapeutic family care through the provision of clinical oversight, supervision and consultation;

(b) provides regular support and guidance to the treatment manager through at least twice monthly treatment supervisory meetings; and

(c) provides coordination and back-up to assure 24-hour on-call intervention services are available and delivered as needed.

(4) A FTE treatment manager is responsible for not more than 10 youths at any time.

(5) A treatment manager:

(a) provides 24-hour on-call intervention services to treatment parents;

(b) organizes and leads all treatment team meetings; and

(c) provides direct therapeutic services and consultation as needed.

(6) A mental health assistant is assigned to provide services for 10 hours per week to each youth receiving intensive level therapeutic family care.

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- (7) The mental health assistant:
- (a) receives supervision and work assignments from the treatment manager under the supervision of the treatment supervisor and routine guidance from the treatment parent(s) in the provision of services described in the youth's individual treatment plan. These services include:
 - (i) one-on-one supervision;
 - (ii) behavior management; and
 - (iii) assistance to the treatment parents in the provision of treatment services.
 - (b) A mental health assistant does not:
 - (i) provide services which are the responsibility of a public school district;
 - (ii) provide transportation services which are reimbursed by the Montana medicaid program;
 - (iii) provide housekeeping services to the therapeutic family;
 - (iv) supervise and/or care for a youth or youths other than the youth approved by the department to receive intensive level therapeutic family care; or
 - (v) provide any services beyond those identified in the youth's individual treatment plan. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 12 through 15 reserved

37. 37. 316 THERAPEUTIC FAMILY CARE, TREATMENT PARENTS

(1) The therapeutic family care agency recruits, trains and supervises treatment parents. In addition, the therapeutic family care agency recommends treatment families for licensure by the department, as specified under ARM 37. 93. 716.

(2) Therapeutic treatment parents are in-home treatment providers who, in addition to carrying out usual family foster parent responsibilities, implement treatment strategies and provide treatment interventions under the supervision of the therapeutic family care agency's clinical staff according to the youth's individual treatment plan.

(3) Therapeutic family care requires one parent be available to provide 24 hour per day supervision and be able to deliver therapeutic services as needed. Parenting skills must be appropriate to the level of therapeutic family care being provided and adequate to deal with the needs of emotionally disturbed youths in the areas of behavior management, supportive counseling and implementation of the treatment interventions contained in the youth's individual treatment plan.

(4) Treatment parents providing intensive level therapeutic family care must be able to provide routine guidance to the mental health assistant to assure that these services support the goals and objectives of the youth's individual treatment plan.

(5) Treatment parents are members of the youth's treatment team and must be available to participate in treatment team meetings.

(6) Treatment parents must regularly document the youth's progress toward achievement of the individual treatment plan. This documentation must be in writing and incorporated as documented into the youth's case file every 30 days. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95, TRANS, from DFS, 1998 MAR p. 2037.)

Rule 17 reserved

37.37.318 THERAPEUTIC FAMILY CARE, MEDICAL NECESSITY.
ADDITIONAL TRAINING REQUIREMENTS (1) Treatment parents must complete orientation and training as described in ARM 37.97.1019.

(2) Treatment parents and mental health assistants must receive a minimum of 15 hours of training annually directly related to:

(a) the special needs of youth with emotional disturbances receiving treatment for their emotional disturbance in a treatment family environment; and

(b) the use of non-physical methods of controlling youth to assure the safety and protection of the youth and others. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1996 MAR p. 159, Eff. 11/23/95; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 19 through 22 reserved

37. 37. 323 THERAPEUTIC FAMILY CARE, INDIVIDUAL TREATMENT PLAN (1) An individual treatment plan must be developed by the therapeutic child care agency within 30 days of placement of a youth in a therapeutic family care setting. The treatment manager normally develops the individual treatment plan under the supervision of the treatment supervisor in coordination with the youth's treatment team. All individual treatment plans, reviews, revisions and/or modifications must be in writing, signed and dated by the treatment supervisor.

(2) An individual treatment plan will be based on the principles of active treatment. Individual treatment plan reviews will be conducted at least every 90 days to assure that services and treatment goals are appropriate to the youth's needs and to assess the youth's progress and continued need for services.

(3) All individual treatment plans must:

- (a) be based on the youth's psychiatric diagnosis;
- (b) identify treatment goals and objectives;
- (c) identify specific treatment interventions;
- (d) identify the measurements to be used to evaluate the youth's progress and the criteria for achievement of the individual treatment plan goals and objectives;

(e) support the youth's permanency plan;

(f) show the date the individual treatment plan is initiated, the anticipated and actual individual treatment plan completion date, and the date(s) revisions and/or modifications are made to the individual treatment plan; and

(g) include chemotherapy as prescribed, response to the chemotherapy, all physical reactions and the recommendation for continuance/discontinuance. The youth's attitude toward the prescribed chemotherapy will also be recorded. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 24 through 29 reserved

37. 37. 330 THERAPEUTIC FAMILY CARE, WELL-CHILD SCREENING AND CHEMOTHERAPY (1) Each therapeutic family care agency must assure and provide appropriate documentation that:

(a) all youths receiving therapeutic family care services receive a well-child screening on an annual basis; and

(b) all youths receiving chemotherapy are examined and evaluated by a licensed medical doctor at least quarterly or more frequently as required by the accepted protocol for the prescribed chemotherapy. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; TRANS, from DFS, 1998 MAR p. 2037.)

Rules 31 through 35 reserved

37. 37. 336 THERAPEUTIC FAMILY CARE, MEDICAL NECESSITY, ADDITIONAL CASE RECORDS (1) The case record of each youth receiving therapeutic family care services must contain documentation required by ARM 37.93.515 and all of the following:

- (a) written individual treatment plans;
- (b) written quarterly treatment summaries and revisions/modifications to the youth's individual treatment plan as necessary;
- (c) written documentation of:
 - (i) weekly visits to each treatment family by the treatment supervisor or treatment manager for the purpose of reviewing the youth's individual treatment plan, monitoring the youth's progress and discussing the treatment interventions provided by the treatment parents;
 - (ii) monthly individual treatment sessions based on the individual treatment plan for each youth supervised by the treatment manager;
 - (iii) treatment team meetings within 30 days of admission and at least every 90 days thereafter;
 - (iv) paraprofessional service of a mental health assistant, 10 hours per week for youth receiving intensive level therapeutic family care;
 - (v) orders for chemotherapy and supervision by a licensed physician;
 - (vi) any medicaid reimbursed services;
 - (vii) annual well-child screen; and
 - (viii) treatment parent(s) notes recording the youth's progress toward meeting the goals and objectives of the individual treatment plan. (History: Sec. 41-3-1103, 52-1-103 and 52-2-111, MCA; IMP, Sec. 41-3-1103, 41-3-1122 and 41-3-1105, MCA; NEW, 1995 MAR p. 2501, Eff. 11/23/95; AMD, 1997 MAR p. 548, Eff. 3/25/97; TRANS, from DFS, 1998 MAR p. 2037.)